RECEIVED THE UNITED ST	TATES DISTRICT COURT
FOR THE MIDDLE	DISTRICT OF ALABAMA

78" COT -6 A 9 27

MICHEAL	GRANT	
Plaintiff(s)/Pe	titioner(s)	

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75% SEP 28 A 10: 01	1
La Callador (II)	

WARDEN LEON FORNISS/ DEPT. WARDEN LEVAN THOMAS Lt. BROWN
SGT. JENKINS et.al
Defendant(s)/Respondent(s)

CIVIL ACTION NO. 2:00 W 902 - MEF (To be supplied by Clerk of Court)

#### MOTION TO PROCEED WITHOUT PREPAYMENT OF FEES

	I, Micheal Grant	, a United S	States citizen, make this Motion to						
Proceed Without Prepayment of Fees pursuant to Title 28 U.S.C. § 1915 in order to proceed in <u>forma pauperis</u> in this action. I am unable to make prepayment of fees or to give security therefor, and it is my belief that I am entitled to redress. I have not divested									
						_	If of any property, monies or any i		
						•	id fees.		
I	BRIEF STATEMENT AS TO T	HE NATURE OF	THE ACTION: Civil						
	Complaint for Civil Ri	ghts Violation	on and Deliberate						
	ndifference.								
П.	DECIDENCE.								
11.	RESIDENCE: Your address: P.O.Box #56/								
	four address: 1.0.Dox #307	(C) to 1 (1)							
	Elmore,	(Street) Alabama	36025-0056						
	<u></u>								
	(City)	(State)	(Zip Code)						
Ш.	MARITAL STATUS:								
	1. Single xx Married	. Senarat	ed Divorced						
	2. If married, spouse's full name								
IV.	DEPENDENTS:								
	1. Number: 04								
	2. Relationship to dependent(s):	N/A							
	3. How much money do you con		ur denendents' support on						
	a monthly basis? \$ \$0		ar ark and any and bear on						

Revised 12/14/01

$\mathbf{E}$	MPLOYMENT:	-			
1.	Name of employer:	N/A			
	a. Address of employer:	N/A			
	,		(Street)	/ -	
	N/A	N/A	<u> </u>	N/A	
	(City)	(State	,	(Zip Code	)
	b. How long have you bee Years: N/A	Mont	hsN/A		
	c. Income: Monthly \$ d. What is your job title?	N/A N/A	or Weekly S	S <u>N/A</u>	
2.	. If unemployed, date of las Amount of salary and wag	t employme ges received	nt: per month in la	ast employ	ment: \$
3.	. Is spouse employed? <u>N/</u>	A If s	о, паше of emp	loyer:	N/A
	a. Income: Monthly \$	N/A	or Weekly S	\$N/A	·
	b. What is spouse's job ti	itle?	N/A		
<u>FIN.</u>	Are you and/or your spoud If so, amount: Monthly \$  ANCIAL STATUS Owner of real property (expenses)	N/A	or Weekl	y \$ <u>N/A</u>	
<u>FIN.</u>	If so, amount: Monthly \$  ANCIAL STATUS  Owner of real property (e.  2. Description:	N/A xcluding orc	or Weekl	y \$ <u>N/A</u> Id furnishi	ngs and clothi
<u>FIN.</u>	If so, amount: Monthly \$  ANCIAL STATUS  Owner of real property (e. a. Description:  b. Full Address:	N/A xcluding ord	or Week)	y \$ <u>N/A</u>	ngs and clothi
<u>FIN.</u>	If so, amount: Monthly \$  ANCIAL STATUS  Owner of real property (e. a. Description:  b. Full Address:  c. In whose name:	N/A xcluding orc	or Weekl	y \$ <u>N/A</u> ld furnishi	ngs and cloth
<u>FIN.</u>	If so, amount: Monthly \$  ANCIAL STATUS  Owner of real property (e. a. Description:  b. Full Address:  c. In whose name:  d. Estimated value	N/A xcluding ord	or Weekl	y \$ <u>N/A</u> Id furnishi	ngs and clothi
<u>FIN.</u>	If so, amount: Monthly \$  ANCIAL STATUS  Owner of real property (e. a. Description:  b. Full Address:  c. In whose name:  d. Estimated value  e. Total amount owed	N/A xeluding ord	or Week)	y \$ N/A  Id furnishi	ngs and cloth
<u>FIN.</u>	If so, amount: Monthly \$  ANCIAL STATUS  Owner of real property (e. a. Description: b. Full Address: c. In whose name: d. Estimated value e. Total amount owed Owed to:	N/A xcluding ord	or Weekl	y \$ N/A  Id furnishi \$ \$ \$ \$ \$ \$	0 0 0 -0-
<u>FIN.</u>	If so, amount: Monthly \$  ANCIAL STATUS  Owner of real property (e. a. Description: b. Full Address: c. In whose name: d. Estimated value e. Total amount owed Owed to:	N/A xcluding ord	or Week)	y \$ N/A  Id furnishi	ngs and cloth  O  O
<u>FIN.</u>	If so, amount: Monthly \$  ANCIAL STATUS  Owner of real property (e. a. Description: b. Full Address: c. In whose name: d. Estimated value e. Total amount owed Owed to:	N/A xcluding ord	or Week)	y \$ N/A  Id furnishi \$ \$ \$ \$ \$ \$	0 0 0 -0-
<u>FIN.</u>	If so, amount: Monthly \$  ANCIAL STATUS  Owner of real property (e. a. Description:  b. Full Address:  c. In whose name:  d. Estimated value e. Total amount owed Owed to:  f. Annual income from pr	N/A xcluding ord	or Week)	y \$ N/A  Id furnishi \$ \$ \$ \$ \$ \$ \$	0 0 0 -0- 0
<u>FIN.</u>	If so, amount: Monthly \$  ANCIAL STATUS  Owner of real property (e. a. Description: b. Full Address: c. In whose name: d. Estimated value e. Total amount owed Owed to:  f. Annual income from pr	N/A  xeluding ord  operty	dinary househo	y \$ N/A  Id furnishi  \$ \$ \$ \$ otor homes	0 0 0 -0- 0
<u>FIN.</u>	If so, amount: Monthly \$  ANCIAL STATUS  Owner of real property (e. a. Description:  b. Full Address:  c. In whose name:  d. Estimated value e. Total amount owed Owed to:  f. Annual income from pr	N/A  xeluding ord  operty	dinary househo	y \$ N/A  Id furnishing  \$  \$  \$  otor homes a back):	O O O O O
<u>FIN.</u>	ANCIAL STATUS  Owner of real property (e. a. Description: b. Full Address: c. In whose name: d. Estimated value e. Total amount owed Owed to:  f. Annual income from pr	N/A  xeluding ord  operty	or Week) linary househo biles, boats, me information or Asset (1) N/A	y \$ N/A  Id furnishing  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  otor homes a back):	o o o o o o o o o o Asset (2)
<u>FIN.</u>	If so, amount: Monthly \$  ANCIAL STATUS  Owner of real property (e. a. Description:  b. Full Address: c. In whose name: d. Estimated value e. Total amount owed Owed to:  f. Annual income from pr  Other assets/property, suc judgments, etc. (If more taken)	N/A xcluding ord operty ch as automo han two, list	or Week) dinary househol biles, boats, me	y \$ N/A  Id furnishing  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  otor homes a back):	o 0 0 -0- 0 0 court
<u>FIN.</u>	If so, amount: Monthly \$  ANCIAL STATUS  Owner of real property (e. a. Description:	N/A  xeluding ord  coperty  ch as automothan two, listered?	or Week) linary househo biles, boats, me information or Asset (1) N/A	y \$ N/A  Id furnishing  \$ \$ \$ \$ \$ \$ \$ \$   otor homes a back):	O O O O O O court
<u>FIN.</u>	ANCIAL STATUS Owner of real property (e. a. Description: b. Full Address: c. In whose name: d. Estimated value e. Total amount owed Owed to:  f. Annual income from pr  Other assets/property, suc judgments, etc. (If more tal.)  Make & Model: In whose name register	N/A  xeluding ord  coperty  ch as automothan two, listered?	or Week) dinary househol biles, boats, me information or Asset (1) N/A N/A	y \$ N/A  Id furnishing  \$ \$ \$ \$ \$ \$ \$ \$   otor homes a back):  N/	O O O O O O court
<u>FIN.</u>	ANCIAL STATUS Owner of real property (e. a. Description: b. Full Address: c. In whose name: d. Estimated value e. Total amount owed Owed to:  f. Annual income from pr Other assets/property, suc judgments, etc. (If more table)  Make & Model: In whose name register Present Value of Asset	N/A  xeluding ord  coperty  ch as automothan two, listered?	or Week) dinary househol biles, boats, me information or Asset (1) N/A N/A	y \$ N/A  Id furnishing  \$ \$ \$ \$ \$ \$ \$ \$   otor homes a back):  N/	O O O O O , court Asset (2) N/A /A

institutions, or other sou Business, profession or o Rent payments, interest Pensions, annuities or lit Gifts or inheritances Stocks, bonds or notes -	ran associations, prisoner a crees as indicated below: other forms of self-employments or dividends	nent - \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0
3. Obligations:		
a. Monthly rental on house	or apartment	\$ <u> </u>
b. Monthly mortgage payn		
4. Other information pertinen  N/A  (Creditor)  N/A	t to your financial debts ar  N/A  (Total debt)  N/A	nd obligations:  N/A  (Monthly payment)  N/A
(Creditor) N/A	(Total debt) N/A	(Monthly payment) N/A
(Creditor)	(Total debt)	(Monthly payment)
5. If you have indicated that y explain how you provide for yo shelter. (e.g. food stamps, fam I am a State of Alaba	our basic living needs such ily assistance or charitable na Inmate the State	as food, clothing and contributions.) of Alabama
Provides my basic need	ds I receive hygie	ne through the
Prison's Welfare S	ystem.	
Other (Explain);		

## VII. ALL PLAINTIFFS/PETITIONERS MUST READ AND SIGN:

I UNDERSTAND that any false statement(s) of a material fact contained herein may serve as the basis of prosecution and conviction for perjury or making false statements. FURTHER, I CERTIFY that all questions contained herein have been answered and are true and correct to the best of my knowledge and belief.

10/3/2006

DATE

SIGNATURE OF PLAINTIFF/PETITIONER

Staton Corr. Fac. P.O.Box #56

**ADDRESS** 

Elmore, Alabama 36025-0056

# VIII. FOR PRISONER PLAINTIFFS/PETITIONERS ONLY:

A financial statement containing all transactions in your prisoner account for the six (6) months immediately preceding the filing of the Complaint must accompany this Motion. The financial statement must be in the form of a computer printout or bank ledger card prepared by the institution; a notarized financial statement that you prepare; or a financial statement prepared by an authorized officer of the institution. Failure to provide this financial statement information may result in the dismissal of this action.

The requirement to submit the financial statement addressed above does not negate your responsibility to ensure that the Certificate found below is also properly executed and filed.

I hereby authorize the agency having custody of me to collect from my prison account and forward to the Clerk of the United States District Court payments in accordance with 28 U.S.C. § 1915(b)(2). I understand that even if I am allowed to proceed in forma pauperis or pay a partial filing fee and even if my case is later dismissed for any reason, I am obligated to pay to the Clerk of the Court the full amount of the filing fee (\$150.00 for a civil action, \$5.00 for a habeas corpus petition, or \$105.00 for an appeal).

12-3-26	michael Isrant
DATE	SIGNATURE OF PLAINTIFF/PETITIONER

### CERTIFICATE (To be completed by the institution of incarceration)

I certify that the applic	cant named herein has the sum of \$	on account to
his/her credit at	(name of institution). I fur	
during the past six months the	e applicant's average monthly balance was S	
further certify that during the	past six months the average of monthly dep	posits to the
applicant's account was \$		ie applicant's
account statement showing tra	ensactions for the past six months.)	
9/19/12	Killingust	
DATE	SIGNATURE OF AUTHORIZED OF	FICED

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STATE OF ALABAMA DEPARTMENT OF CORRECTIONS STATON CORRECTIONAL FACILITY

AIS #: 152447 NAME: GRANT, MICHAEL

AS OF: 09/19/2006

	# OF	AVG DAILY	MONTHLY	
MONTH	DAYS	BALANCE	DEPOSITS	
AND	and the same same same same same same same sam	THE THE PARTY SHEET AND THE PARTY SHEET SH		
SEP	11	\$0.21	\$0.00	
ост	31	\$0.77	\$20.00	
NOV	30	\$0.02	\$0.00	
DEC	31	\$2.93	\$30.00	
JAN	31	\$0.81	\$30.00	
FEB	28	\$2.41	\$25.00	
MAR	31	\$0.01	\$0.00	
APR	30	\$0.86	\$25.00	
MAY	31	\$1.44	\$25.00	
NUC	30	\$37.01	\$180.00	
JUL	31	. \$4.58	\$0.00	
AUG	31	\$2.34	\$25,00	
SEP	19	\$3.93	\$25.00	